



CMSP Letter: 97-6

Date Issued: **DEC 05** 1997

TO: ALL COUNTY MEDICAL SERVICES PROGRAM (CMSP) WELFARE DIRECTORS

SUBJECT: VERIFICATION OF FISCAL YEAR (FY) 1996-97 CMSP ELIGIBILITY EXPENDITURES

The purpose of this letter is to request verification of County Administrative Costs associated with the CMSP. Enclosed is a worksheet listing CMSP eligibility expenditures for FY 1996-97.

Since these data are used to determine necessary recoupments and reallocations of these funds, it is necessary that you review the accuracy of these data for your county. If your county has submitted supplemental (adjusted) Administrative Cost Claims which impact the CMSP, it is likely that they are not reflected in these data. Such claims will be considered if you complete and return the enclosed "CMSP Amended Eligibility Expenditures Report" by December 31, 1997. Please note that supplemental claims filed after December 31, 1997 cannot be considered since that date is the cutoff for the FY 1996-97. This form must also be used to provide "corrected" information from the original Administrative Cost Claim submitted for each quarter.

If you find the information is correct, there is no need to take any further action. If additional or corrected information is identified, please send completed reports to:

Office of County Health Services
California Department of Health Services
Attention: Mr. Gary Varner
1800 3rd Street, Room 100
P.O. Box 942732
Sacramento, CA 94234-7320

If you have any questions regarding this report, please contact Mr. Gary Varner of my staff by phone at (916) 322-1613 or facsimile at (916) 323-3350.


Linda McFarland, Chief
County Medical Services Program Unit

Enclosures

cc: Mr. Gary Varner
Office of County Health Services
California Department of Health Services
1800 3rd Street, Room 100
P.O. Box 942732
Sacramento, CA 94234-7320

COUNTY MEDICAL SERVICES PROGRAM
AMENDED ELIGIBILITY EXPENDITURE REPORT
FOR THE STATE FISCAL YEAR 1996-97

QUARTER: _____

AMOUNT FROM DHS WORKSHEET \$ _____

CORRECTED AMOUNT \$ _____

SUPPLEMENTAL CLAIM DATE:

SUPPLEMENTAL CLAIM AMOUNT \$ _____

REVISED TOTAL FOR THIS QUARTER \$ _____

QUARTER: _____

AMOUNT FROM DHS WORKSHEET \$ _____

CORRECTED AMOUNT \$ _____

SUPPLEMENTAL CLAIM DATE:

SUPPLEMENTAL CLAIM AMOUNT \$ _____

REVISED TOTAL FOR THIS QUARTER \$ _____

I certify under penalty of perjury that the amounts shown above are correct and accurately reflect the information which has been submitted to the State Department of Social Service on regular and supplemental (adjusted) Administrative Cost Claims.

(PRINTED NAME/TITLE)

(SIGNATURE)

(DATE)

CMSP ELIGIBILITY EXPENDITURES
STATE FISCAL YEAR 1996-97
PREPARED 11/24/97

COUNTY	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	TOTAL
ALPINE	\$2,338	\$1,826	\$245	\$1,065	\$5,474
AMADOR	\$22,394	\$20,546	\$27,825	\$20,500	\$91,265
BUTTE	\$192,861	\$156,094	\$208,830	\$180,636	\$738,421
CALAVERAS	\$15,974	\$16,437	\$13,338	\$13,083	\$58,832
COLUSA	\$15,560	\$15,925	\$18,833	\$28,677	\$78,995
DEL NORTE	\$25,433	\$22,683	\$27,026	\$29,048	\$104,190
EL DORADO	\$124,021	\$148,624	\$145,201	\$156,542	\$574,388
GLENN	\$32,204	\$35,362	\$36,050	\$41,029	\$144,645
HUMBOLDT	\$194,734	\$155,948	\$218,014	\$158,080	\$726,776
IMPERIAL	\$127,436	\$85,431	\$73,433	\$59,285	\$345,585
INYO	\$20,296	\$36,476	\$26,934	\$33,899	\$117,605
KINGS	\$89,306	\$112,090	\$116,631	\$108,610	\$426,637
LAKE	\$69,777	\$68,354	\$67,139	\$72,631	\$277,901
LASSEN	\$4,374	\$10,845	\$20,640	\$27,099	\$62,958
MADERA	\$109,572	\$106,614	\$99,203	\$141,268	\$456,657
MARIN	\$169,284	\$279,911	\$270,437	\$383,240	\$1,102,872
MARIPOSA	\$11,028	\$12,600	\$9,815	\$7,613	\$41,056
MENDOCINO	\$173,070	\$158,902	\$221,463	\$170,196	\$723,631
MODOC	\$9,717	\$9,731	\$9,577	\$9,961	\$38,986
MONO	\$4,478	\$7,747	\$7,090	\$6,258	\$25,573
NAPA	\$121,788	\$127,640	\$168,010	\$97,501	\$514,939
NEVADA	\$53,817	\$55,009	\$67,098	\$50,848	\$226,772
PLUMAS	\$17,273	\$22,154	\$10,762	\$17,076	\$67,265
SAN BENITO	\$21,690	\$29,780	\$33,883	\$30,507	\$115,860
SHASTA	\$155,424	\$219,654	\$201,671	\$224,939	\$801,688
SIERRA	\$1,881	\$650	\$1,857	\$558	\$4,946
SISKIYOU	\$34,222	\$40,749	\$42,471	\$60,211	\$177,653
SOLANO	\$396,978	\$434,165	\$435,589	\$485,785	\$1,752,517
SONOMA	\$300,776	\$308,215	\$293,667	\$360,949	\$1,263,607
SUTTER	\$62,930	\$63,133	\$50,982	\$54,638	\$231,683
TEHAMA	\$61,225	\$63,128	\$60,479	\$59,417	\$244,249
TRINITY	\$11,762	\$16,259	\$18,162	\$15,403	\$61,586
TUOLUMNE	\$48,517	\$70,045	\$47,747	\$30,459	\$196,768
YUBA	\$70,427	\$37,900	\$98,958	\$87,118	\$294,403
TOTAL	\$2,772,567	\$2,950,627	\$3,149,060	\$3,224,129	\$12,096,383

SC. ~~11/26~~ 11/26
SC 12/1

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ASSIGNMENT # Varner
DATE ASSIGNED 11-25
DATE DUE 12-1-97

OCHS CORRESPONDENCE ROUTE SLIP

Verification of 96-97 CMSP Eligibility Expenditures

<input type="checkbox"/> CONTENT ONLY <input checked="" type="checkbox"/> CONTENT AND FORMAT	Documents for Content Only will be reviewed by Management to ensure content is accurate. Content Only documents will not be reviewed by clerical staff. Documents in final format will be reviewed for BOTH content and format.
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DRAFT <u>12/1</u>	FINAL
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TYPIST: <u>[Signature]</u> OT INITIALS: _____ ANALYST: _____ UNIT CHIEF: _____ SECTION CHIEF: _____ BRANCH SECRETARY: _____ BRANCH CHIEF: _____	TYPIST: _____ OT INITIALS: <u>YR 12/2</u> ANALYST: <u>[Signature]</u> UNIT CHIEF: <u>[Signature] 12/2/97</u> SECTION CHIEF: _____ BRANCH SECRETARY: _____ BRANCH CHIEF: _____
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Notes:

The TYPIST and OT are responsible for ensuring that ALL comments and corrections are completed and proper format and titles have been used.

Ensure marked up copies are returned with document.

Use appropriate format. When document is final, make the proper CHRON copies and cc's/bcc's. Distribute and/or mail as instructed.

This form will be used in place of OSS 3 for correspondence requiring Peter's signature. For a Division Chief and ABOVE signature, an OSS 3 is required.

TRACKING LINE: (EXAMPLE - C:\WORKING\TEXT)

W. Exp Rpt 96. 97